



## EDUCATION and WORKFORCE DEVELOPMENT CABINET

Matthew G. Bevin  
Governor

GOVERNOR'S SCHOLARS PROGRAM  
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Hal Heiner  
Secretary

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Executive Director

### **MEMORANDUM**

TO: Alumni of the 2016 Governor's Scholars Program,  
Morehead State University Campus

FROM: Aris Cedeño, Academic Dean, and Bryan Rich, Campus Director

RE: **GSP REUNION: Wednesday, June 14<sup>th</sup>**

DATE: April 10, 2017

#### **1. When and Where:**

The Alumni Reunion for the 2016 Governor's Scholars from the Morehead State University campus will be held at MSU on **Wednesday, June 14, 2017**. The following is a general outline of the day's activities. Please note that all times *except* registration are tentative. **ALL TIMES ARE EASTERN (EDT).**

8:30 – 9:30 a.m.:	Alumni arrive at Morehead State University and register at the GSP Office in Mignon Hall.
9:30 – 10:00 a.m.:	Community Meeting in Button Auditorium
10:00 – 11:45 a.m.:	GSP Seminar
12:15 p.m.:	Lunch at Third Street Eats
3:30 p.m.:	Organized activities conclude.

#### **2. Registration Fee:**

The registration fee is \$25.00 per person if you make your reservation in advance of Friday, June 1, 2017. This fee covers the cost of lunch and the use of Morehead State University facilities. Please carefully read the registration form regarding deadlines and space availability.

#### **3. What to Wear and What to Bring:**

Dress as you did last summer—casual, comfortable, and tasteful. You may also want to bring any equipment you might need for impromptu recreational activities—Frisbee, volleyball, soccer, four square, etc. If you plan to perform in Showcase, you'll need to bring the instrument(s), props, and equipment for your act. Also, keep in mind to bring cash, check, or credit card to purchase a GSP Alumni T-Shirt and other GSP mementos.

4. **Food:**

The cost of a cafeteria lunch is included in your registration fee. Because this is a rare chance for the GSP-2016 community to reunite, we ask that after you have registered, you not leave the Morehead State University campus until the day's events have concluded. Please do not plan to leave campus for lunch or any snacks during the day.

5. **2016 Alumni Challenge - \$15 for 15 Scholars:**

The 2016 Governor's Scholars Class Challenge presents your class with the opportunity to ensure other outstanding young people from across the Commonwealth continue to experience this life-changing Program. In fact, if each 2016 Governor's Scholar were to give a tax deductible donation of only \$15.00 to the Program, the GSP class of 2016 could sponsor **FIFTEEN future Governor's Scholars!**

Approximately 25% of GSP's annual budget relies on the generosity of private donations, including our alumni and families, to sustain the Program's longevity and success. Please consider including a donation to GSP with your Reunion Registration Forms. Any donations will make a difference and all donations are tax deductible.

6. **Directions and Parking Information:**

**From I-64**

Morehead is located just off of I-64 approximately 60 miles East of Lexington. To get to Morehead State University, take exit 137 off of I-64. If you are coming from the West, turn right off of the exit ramp onto KY 32. If you are coming from the East, turn left off of the exit ramp onto KY 32. Then continue straight on KY 32 for approximately 3 miles, going through 6 traffic lights. At the last traffic light, turn left onto U.S. 60. Continue on U.S. 60 (the bypass) through one traffic light. At the second light, turn left onto University Boulevard.



## Reunion Registration Form

GSP-Morehead State University Campus

**Please return this form to the Governor's Scholars Program by June 1, 2017.**

- ☐ Yes! I will be attending the GSP Class of 2016 Alumni Reunion at Morehead State University on Wednesday, June 14, 2017.
- ☐ My \$25.00 advanced registration fee is enclosed.  
\* *Please note that late registration fee is \$30.00 (after June 1, 2017) and subject to space availability.*
- ☐ I have included a donation to the **2016 Alumni Challenge - \$15 for 15 Scholars.**

Last Name: _____		Preferred Name: _____	
Address: _____			
City: _____		State: _____	ZIP: _____
Phone: _____		E-mail: _____	

**Check List (please be sure the following items are included with your registration):**

- ☐ Registration Form
- ☐ Payment (including registration fees, late fees, and donation)
- ☐ Medical Information - Parent/Guardian Signature

**ITEMS**

<input type="checkbox"/> Registration Fee <b>\$25.00</b>	
<b>or</b>	
<input type="checkbox"/> Registration w/ Late Fee (if registering after June 1, 2017) <b>\$30.00</b>	
<input type="checkbox"/> 2016 Alumni Challenge Donation <b>\$15.00</b>	<input type="checkbox"/> Other donation amount \$ _____.
<b>TOTAL AMOUNT ENCLOSED    \$ _____.</b>	

**Please return your completed forms and payment with the included business reply envelope or mail the completed forms and payment to the following address:**

Governor's Scholars Program  
ATTN: Reunion  
1024 Capital Center Drive  
Suite 210  
Frankfort, KY 40601



**Class of 2016 Alumni Reunion**  
**Medical Information and Parent/Guardian Signature**  
**GSP-Morehead State University Campus**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Name and phone number of family doctor: \_\_\_\_\_

Should student be restricted from any type of recreational activity? \_\_\_\_\_ (If YES, please explain) \_\_\_\_\_

Are there any dietary restrictions or any drugs (prescription or non-prescription) that should NOT be administered? \_\_\_\_\_

(If YES, please explain): \_\_\_\_\_

**List two people to be notified in case of emergency.** One should be a parent or legal guardian.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Release – Parent/Guardian Signature Requested**

*Although the reunion will last only a few hours, some attendees may be minors and/or be a long distance from their guardians. As a result, it is important that the Governor's Scholars Program have a medical release on file. This provides parental permission for medical examination and treatment in an approved and authorized hospital, physician's office, or other medical facility.*

The following consent should be signed by the parent or legal guardian of the student, so that appropriate diagnosis and treatment may be carried out and so that no unnecessary delays will occur with emergency procedures, including operational procedures. No operations will be performed, except in an emergency, without parent or legal guardian's being contacted and fully informed.

I give my permission for \_\_\_\_\_ (**scholar legal name**) to receive necessary medical treatment at an authorized hospital, medical facility, or office by appropriate medical professionals.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Terms of Participation – Student and Parent/Guardian Signatures Required**

I, the undersigned, agree to abide by the rules and regulations for the Governor's Scholars Class of 2016 Alumni Reunion, and by the rules and regulations that govern campus safety at Morehead State University as interpreted by the staff members. However, the following rules will be strictly enforced:

- a. No firearms of any kind will be allowed
- b. Students are prohibited from using, possessing, or being under the influence of any illegal drug or alcoholic beverage
- c. Students will remain on the campus of Morehead State University until the Reunion activities have concluded

**I understand that failure to fulfill the terms of this agreement may result in my being dismissed from the Governor's Scholars Class of 2016 Alumni Reunion or other appropriate actions deemed necessary by the GSP staff and Morehead State University campus authorities.**

I have reviewed these points with my parents/guardians. We understand the need for all participating students to agree to the above items. We realize that if I do not abide by these rules, action may be taken at the discretion of the Governor's Scholars Program chaperones and the Morehead State University campus authorities.

**Student**

Name: \_\_\_\_\_  
Please print.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent / Guardian**

Name: \_\_\_\_\_  
Please print.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_